# North Central Michigan College

## ACADEMIC TRANSCRIPT REQUEST FORM

Please print and complete **all information** so your record can be found.
If accessing this form from the web, print the form and either

**MAIL: North Central Michigan College or SCAN & EMAIL: registrar@ncmich.edu**
**Attn: Transcripts**
**1515 Howard Street**
**Petoskey, MI 49770**

☐ I am requesting a MACRAO and/or MTA Evaluation ONLY. **No transcript sent**.

I am requesting you **SEND** my Transcripts:

☐ Immediately

☐ After grades are posted from _____ semester.

☐ After degree/certificate is posted.

☐ After MACRAO and/or MTA Evaluation.

**North Central Student Number: (if known)** _____

**Last Name:** _____

**First Name:** _____

**Middle Initial:** _____

**Birth and All Previous Names:** _____

_____

**Social Security Number:** _____ **Birth Date:** _____

**Permanent Address:** _____
Street/PO Box City State Zip

*****This will change your address of record in our system*****

**Current Phone:** _____

**Number of Official Copies:** _____
**Number of Unofficial Copies:** _____

**Address where Transcript(s) should be sent:**

- Include complete address(es) including specific departments and/or campus, if available.
- For transcripts to be sent to more than one address, please list additional names and addresses on the back of this form or on a separate sheet of paper.

_____

_____

_____

_____

_____

**Student Signature: x** _____ **Date:** _____

Please enter your physical signature. Federal law prohibits release of academic records to any other party without the written consent of the student.

**Office Use Only**

Processed On: By:

Rev: 12.2024
nsm